

## NASA IV&V Facility: Change-Processing Form – Part 1

*Information required from Employees. Names and changed fields are required!*

1. Names:	FROM	TO
First Name <sup>1</sup>	*	
Middle Name (if none, indicate “N/A”)	*	
Last Name	*	
Preferred First Name	*	
Other Names Used		
Title (if any)	*	
Full Name of Spouse(s) Including Maiden Name(s)		

2. Personal Information:	FROM	TO
Date of Birth (MM-DD-YYYY)	*	
Place of Birth (City/State/Country)	*	
Social Security Number	*	
Sex (Male or Female)	*	
Citizenship	*	
U.S. Nationality No. (if applicable)		
Alien Registration No. (if applicable)	*	
Military Serial No. (if applicable)		

3. Home Residence Information:	FROM	TO
Street Address	*	
City	*	
County	*	
State	*	
Zip Code	*	
Phone Number	*	

4. Emergency Contact Information:	FROM	TO
Name	*	
Relationship	*	
Phone Number	*	
Address	*	

5. Vehicle, Residences, and Employment Information: <sup>2</sup>	
Vehicle(s) Make/Model, Year, Color, State, & License Number	
FROM	TO

*Employee shall submit this form electronically to their Employer when completed.*

<sup>1</sup> An asterisk (\*) has been denoted on several fields. These marks are used for internal purposes only.

<sup>2</sup> Finger prints will also be required upon arrival.

## NASA IV&V Facility: Change-Processing Form – Part 2

*Information required from Employers. **Changed fields are required!***

1. Contract & Contractor Information:	FROM	TO
Contractor Name	*	
If a Sub, Prime Contractor Name	*	
Job Title		
Prime Contract Number	*	
Expiration Date Of Contract		
Name of COTR		
Employee Start Date		
Full or Part Time	*	
Permanent or Temporary Employment	*	
Company/Corporate E-mail Address		

*Note: The following must be coordinated between the Employer and the NASA IV&V Facility O&M Manager. Cubicle relocations or off-site to on-site relocations must be pre-approved by the NASA IV&V Facility O&M Manager.*

2. Office Location Information:	FROM	TO
<u>Outside IV&amp;V Facility</u>	<input type="checkbox"/>	<input type="checkbox"/>
Office Name	*	
Office Address	*	
Office Phone Number	*	
Associated Fax Number		
<u>Within IV&amp;V Facility</u>	<input type="checkbox"/>	<input type="checkbox"/>
Cubicle / Office Assignment	*	
Associated Phone Number		
Associated Fax Number		

3. Special Resource Requests:	FROM	TO
Additional LAN Port/Analog Line		
Access to Network Room (#129)		
Special Keys		
VPN Accessibility		

4. If Supported by NASA's IT Group:	FROM	TO
<u>Category of Computer:</u>		
Category 1 - General Use	<input type="checkbox"/>	<input type="checkbox"/>
Category 2 - Productivity Use	<input type="checkbox"/>	<input type="checkbox"/>
Category 3 - Development Use	<input type="checkbox"/>	<input type="checkbox"/>

5. Effective Date of Change (M/D/YYYY):	
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*Employer shall submit both an electronic copy and a hard-copy of this form to the NASA IV&V Facility O&M Manager when completed.*